


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90346 008 ****70.00

DOCUMENT # 739165
 1. Entity Name
MANATEE CHILDREN'S SERVICES, INCORPORATED



Principal Place of Business Mailing Address
439 CORTEZ ROAD WEST **439 CORTEZ ROAD WEST**
BRADENTON FL 34207 **BRADENTON FL 34207**

J0040508



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1771210 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THOMPSON, MELINDA C
439 CORTEZ ROAD WEST
BRADENTON FL 34207

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete TOKAJER, WILLIAM 100 10TH STREET WEST BRADENTON FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete BLACKWELL, JULIE 3701 61ST STREET WEST BRADENTON FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TD HAMMER, JAMES 9411 SARAZEN PLACE PALMETTO FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD FORSHEY, LAVERNE 5022 44TH STREET WEST BRADENTON FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SMITH, BEMIS PO BOX 2115 BRADENTON FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D TURNER, MIKE 7942 49TH AVENUE EAST BRADENTON FL 34203

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Ann Tonzi 4611 - 18th Ave W Bradenton, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melinda C. Thompson* 4/13/05 941-345-1200
 _____ _____ 941-232-1026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #